

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

**09/508852**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
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T TAL IND.			1			
TOTAL DEP.		24				
T TAL CLAIMS		25				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						